BEFORE THE ARIZONA MEDICAL BOARD

| | |
|---|---|
| In the Matter of<br>**William T. Meshier, M.D.**<br>License No. 15822<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Case No. MD-11-0273A<br>**ORDER FOR LETTER OF REPRIMAND AND CONSENT TO THE SAME** |

William T. Meshier, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

## FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 15822 for the practice of allopathic medicine in the State of Arizona.

3. The Arizona Medical Board ("Board") initiated case number MD-11-0273A after receiving notification from Banner Desert Medical Center that William T. Meshier, M.D. ("Respondent") agreed to refrain from practicing medicine at that facility pending completion of an evaluation. Two patient charts were selected for quality of care review.

4. Patient DW, a 63 year old male, who had a history of left shoulder pain, presented to Banner Health on May 25, 2011 for an elective rotator cuff repair. DW was brought to the operating room and a right-sided interscalene block was performed by Respondent. After completion of the block, Respondent realized that he had performed the procedure on the wrong side and then repeated the block on the operative (left) shoulder. After successful completion of the block, DW was included with Propofol and LMA was

placed before transferring him to the operating table. He subsequently underwent an uneventful shoulder decompression and repair.

5. The Medical Consultant opined that Respondent did not act according to the standard of care in the treatment of DW. The MC observes that bilateral blockade would be a serious and potentially life threatening complication and that bilateral phrenic nerve paralysis puts the patient at undue risk for a completely elective procedure.

6. Patient GH, a 57 year-old male, underwent laparoscopic Nissen fundoplication on January 5, 2011. After the operation his condition rapidly deteriorated and by the following morning, he was experiencing significant chest pain with clear signs of circulatory shock. GH was taken back for exploration and revision of his fundoplication.

7. Respondent placed a left redial arterial line preoperatively before pre-medicating GH for induction of general anesthesia. After pre-oxygenation, Respondent attempted a rapid induction with Propofol and Rocuronium. GH was intubated, a phenylephrine infusion was started, and a central venous catheter was placed. Toward the end of the procedure, GH's blood pressure dropped and was not responsive to phenylephrine or ephedrine. His rhythm rapidly deteriorated to ventricular tachycardia followed by ventricular fibrillation. Resuscitative efforts were unsuccessful and GH expired in the operating room.

8. The MC found that Respondent failed to draw ABGs once the arterial line was placed. The MC stated that without any lab data, it is difficult to diagnose and treat critical pathophysiologic processes. The MC further found that Respondent did not consider using more potent inotropic agents such as norepinephrine.

9. On October 4, 2011, Respondent entered into an Interim Consent Agreement for Practice Restriction. Respondent subsequently presented for Phase I of the Physician Assessment and Clinical Education Program (PACE). Respondent's evaluators

found that overall, his performance was satisfactory and he did not pose an imminent threat to patient safety.

10. Respondent underwent Phase II of PACE on April 9-13, 2012. His evaluator noted significant improvement in Respondent's knowledge base of both general medicine and anesthesiology and endorsed his return to the clinical practice of anesthesiology without reservation. PACE concluded that Respondent's overall performance is consistent with a Clear Pass, signifying a good to excellent performance in most or all areas measured consistent with safe practice and competency.

11. The Board has evidence which, if accepted by the finder of fact, would establish that the following standards apply and the following deviations occurred in this case:

12. The standard of care for performing any peripheral nerve block requires a physician to perform site verification before the block is placed.

13. Respondent deviated from the standard of care by performing a wrong-sided block for DW.

14. The standard of care when a nerve block is performed on the wrong side requires a physician to inform the patient of the error and discuss the possibility of either postponing the surgery until the block wore off or to possibly proceed with the surgery without a nerve block on the other side.

15. Respondent deviated from the standard of care by performing a second interscalene block for DW on the correct side minutes after the first one.

16. The standard of care for the administration of bupivacaine with epinephrine requires the physician to not exceed 225mg in a single injection dose.

17. Respondent deviated from the standard of care by administering a supra-maximal dose of bupivacaine (300mg) to DW.

18. The standard of care for critically ill patients undergoing emergency

surgery requires a physician to perform ABG analysis to evaluate basic acid-base and respiratory status and guide ongoing therapies.

19. Respondent deviated from the standard of care by failing to draw ABGs until after GH went into ventricular tachycardia.

20. The standard of care for a patient who is exhibiting signs of severe metabolic acidosis, postoperative anemia, respiratory distress, and end- organ failure requires a physician to administer more potent inotropic and vasoactive agents.

21. Respondent deviated from the standard of care by failing to administer more potent inotropic and vasoactive agents until GH went into ventricular tachycardia.

22. As a result of Respondent's deviations from the standard of care, the patient developed an unstable rhythm and expired intraoperatively following an unsuccessful resuscitation effort.

## CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27) (q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

## ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. The Interim Practice Restriction in case number MD-11-0273A dated October 4, 2011 is vacated.

DATED AND EFFECTIVE this 2nd day of August, 2012.

(SEAL) 


ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

**CONSENT TO ENTRY OF ORDER**

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any

modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

11. ***Respondent has read and understands the conditions of probation.***

William T. Meshner ,M.D.

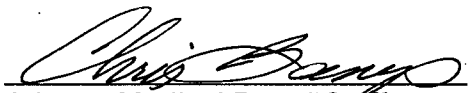
DATED: July 16, 2012

EXECUTED COPY of the foregoing mailed this 2nd day of August, 2012 to:

Calvin Raup
Raup & Hergenroether PLLC
One Renaissance Square
Two N. Central Avenue, Suite 1100
Phoenix, Arizona 85004-0001

ORIGINAL of the foregoing filed this 2nd day of August, 2012 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258



Arizona Medical Board Staff